APPLICATION FOR APPOINTMENT TO THE MEDICAL STAFF

	(Use additional sheets where necessary for admitted	onal space)		
HOSPITAL	Vasatch County Hospital 55 South	Fifth East	. Heber	Utah
DENTIFYING	Fuoi uuma			DATE OF BIRTH
INFORMATION	GREEN R. RAYMOND Prov	o, Utah 84032	AREA CODI	29/Jan/1917 - 1826-yane - 654-1822
	HOME 3775 East 200 North Heber City, Utah	84032	AREA CODI	
	CITIZENSHIP USA	STATUS	Shir	ley B. Green
	Surgery, Obstetrics, General Medicin	е		
	OTHER MEDICAL INTERESTS IN PRACTICE, RESEARCH, ETC. PRACTICING WITH WHOM AND NATURE OF AFFILIATION			
Teng				
MEDICAL INFORMATION	ON SEPARATE SHEET, FURNISH DATE OF LAST PHYSICAL EXAMINATIO Institution where performed, and dates and causes of all ho	N, SIGNIFICANT FIN	OR PAST	FIVE YEARS.
REMEDICAL	COLLEGE OR UNIVERSITY BYU	AB		HONORS
DUCATION	ADDREFrovo, Utah		DATE	943
EDICAL	University of Utah Medical School	M.D.		HONORS
DUCATION	ADDRESSLC, Utah			947
NTERNSHIP	THOS OF INTERNALIS	sland, NY	1000 F	ped 1948-49
	PRACTITIONERS RESPONSIBLE FOR PERFORMANCE (CHIEF OF STAFF, CHAIRMEN OF DE	PARTMENTS, OTHERS)		
ESIDENCIES	FELLOWSHIPS, PRECEPTORSHIPS, TEACHING APPOINTMENTS, POSTGRADUATE EDUCATI CHAIRMEN OF DEPARTMENTS AND OTHER PRACTITIONERS RESPONSIBLE FOR PERFORM	ON (CHRONOLOGICAL OR	DERI DATES	, LOCATIONS, CHIEFS OF STAFF,
ESIDENCIES	LOCATION COffey Hosp., Portland, Oregon, Surg	ery 12 mon	ths	1948-50
	LOCATUM.S. Public Health Hosp. Baltimore,	MD surgery	36 mc	onths 1950-53
	Staten Island, NY	Surgery 12	month	ns °^Y 953-54
,	Seattle Washington			
ONTINUING MEDICAL	on separate sheet, list all postgraduate activities which you have attended. Heber Hospital, Heber, Utah	DED. OR FOR WHICH YO	OU HAVE RE	CEIVED CREDIT IN THE PAST TWO
DUCATION	FURNISH A LIST OF SCIENTIFIC PAPERS OR ESSAYS YOU HAVE WRITTEN, AND A LIST THREE YEARS (INCLUDE REPRINTS).	IT OF SCIENTIFIC MEET	INGS YOU H	AVE ATTENDED DURING PREVIOUS
AFFILIATIONS	PRESENT CAPACITY WITH THIS HOSPITAL Wasatch County Hospital List all present and previous hospital affiliations and medical staff membl Appointments). Specify all departments in which privileges were exercise	ERSHIPS, IN CHRONOLOG D AND NATURE AND EXT	ICAL ORDER	1969-curren
	LDS Hospital, Provo Utah (Utah Valle	y Hospital) Sur	gery 1955
	MAME Heber Hospital, Heber, Utah	Surgery		1955-1969
	HAME AND LOCATION OF HOSPITAL	CAPACITY		DATES
	Wasatch County Hospital	CAPACITY		1969 - 1981
DESCRIPTION OF PRACTICE	ON SEPARATE SHEET, GIVE NARRATIVE SUMMARY OF ALL PAST AND FINCLUDING OFFICE, CLINIC, HOSPITAL AND MILITARY.	RESENT MEDICAL F	PRACTICE	
ÆMBERSHIP N	ARE YOU A MEMBER OF THE Utah COUNTY MEDICAL ASSOC	IATIONT		
ROFESSIONAL	DO YOU HAVE AN APPLICATION PENDING?			TES NO
OCIETIES	AMA 1974 to present, Utah County Med	ical Assoc	lation	
ELLOWSHIP	Taught anatomy at Johns Hopkins Unde	•		Grafflin l yr. 19
	AMERICAN COLLEGE OF BOARD FILIGIBLE IN SURgery MEMBER OF AMERICAN ACADEMY OF FAMILY PRACTICE?			DATE
)	MEMBER OF AMERICAN ACADEMY OF FAMILY PRACTICE?	s 🗆 но		DATE
1	FELLOWSHIP IN OTHER SPECIALTY COLLEGES			

Dike

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Form 1028 BRIGGS, Des Moines, Iowa 50306

ERTIFICATION	CERTIFIED BY AMERICAN	BOARD OF (NAME OF	BOARD)		· · · · · · · · · · · · · · · · · · ·	DATE
	BOARD QUALIFIED (NAME	OF BOARD)				DAYE
	SPECIALTY BOARD STATU	S (NAME OF BOARD)		ARE YOU CERTIFE	ED?	DATE
	IF NOT CERTIFIED, GIVE	PRESENT STATUS			TYES [NO
	MEDICAL LICENSE (NAME			DATE	LICENSE NO.	REGISTRATION NO.
CENSING	Utah		11)	Current	2348 AC	4892926
	FEDERAL HARCOTICS REG	ISTRATION NUMBER		•	,	DAYE
	OTHER (NATURE OF LICEN	SE, COUNTY AND STA	TE)		DATE	LICENSE NO.
EDICAL FERENCES	IF POSSIBLE, INCLUDE TO LISTED UNDER "AFFILIAT WORK WITH THE APPLICAN	IONS." NOTE: REFER	ENCES WILL B	HOSPI E EVALUATED PRIMARILY BY THE	TAL MEDICAL STAFF, OTHE E EXTENT OF DIRECT CLINI	R THAN THOSE WHO MIGHT CAL OBSERVATION AND OTH
	DOCTOR			ADDRESS		:
	DOCTOR			ADDRESS		
	DOCTOR			ADDRESS		
	DOCTOR			ADDRESS		
	AMOUNT OF COVERAGE	INSURANCE	CADDIED	L.		XPIRATION DATE
ABILITY ISURANCE						APIRATION DATE
	POLICY NO.	AGENT				16.
	ON SEPARATE SHEET, LIS	T ALL PREVIOUS INSL	RANCE CARRIE	RS, AMOUNT OF COVERAGE AND	DATES.	•
	HAVE JUDGMENTS OR SETT IF "YES", GIVE DETAILS	TLEMENTS BEEN MAD! ON BEPARATE SHEET	R AGAINST YOU	IN PROFESSIONAL LIABILITY CA	ASES, OR ARE THERE ANY F	PENDING? YES
E. F.	Has your narcotics re Have you ever been disciplinary action in	denied membershi n any medical org	p or renewa anization?	I thereof, or been subject t		Yes ∑ No
PPLY TO THE DSPITAL FOR		STAFF ASSIGNED IN				
PPOINTMENT		STAFF ASSIGNED IN	THE DEPARTM	ENT OF		<u> </u>
	OTHER (SPECIFY)		······································			***
IIVILEGES ESIRED	MEDICAL TO	URGICAL X OB	STETRICAL	X GYNECOLOGICAL	PEDIATRIC X ORTHO	PEDIC DENTAL
	OTHER (SPECIFY)					
	SPECIAL PROCEDURE	(5 (5PECIFY)				
	SPECIALTY OR SUB-	SPECIALTY CONSULTA	TION (SPECIF	"		
	Reculested Hot Recomm	/	Recuesti	d needed men.	Requested mend	gonn.
ELINEATION	HEPATIC	DISEASES	XII	Intestinal obstruction	X Em	physema
F EDICAL	X Cirrhosis			Pancreatitis Malabsorption	X W	ith pulmonary insuffic. ith coma
RIVILEGES	X with bi	eeding varices	X	Cholecystitis	Pul Pne	monary infarction eumothorax, spontan.
JIRED		ensated	V	RENAL DISEASES	CA	RDIAC DISEASES
		ial diagnosis of	*	Differential diagnosis Nephritis	X Co	ferential diagnosis ngestive heart failure
			\$	Pyelonephritis Nephrosis	V C	cute hronic & intractable
	DISEASE			Acute insufficiency conservative	W w	ronary heart disease
<u> </u>	X Different Peptic ul Different	tial diagnosis cer	H	dialysis	X	ith infarction ith coronary insuffic.
F	X bleedin	9	x -	PULMONARY DISEASES Differential diagnosis	S X Car	terial endocarditis diac arrythmias
<i>i</i> .	X obstruc		\$	Pneumonia	Ÿ	ocardial infarction ith shock
·	X Regional		X	complicated uncomplicated	* w	ith serious arrythmia ith cardiac arrest

APPLICATION FOR APPOINTMENT TO THE MEDICAL STAFF (Use additional sheets where necessary for additional space)

PITAL									
	satch County Hospital	LOCATION 55 CO	outh Fifth East	Hobor II+	DATE				
NTIFYING	LAST NAME FIRST NAME	INITIAL BIRTH	IPLACE	Heber ot	DATE OF BIRTH				
ORMATION	GREEN, R. RAYMOND		vo, Utah		29/Jan/1917				
	OFFICE ADDRESS CITY	STATE	ZIP CODE	AREA CODE	TELEPHONE				
	45 So Main St., Heber City, Ut	STATE	ZIP CODE	801	654-1822				
	375 E. 200 No. " "	11 11		11	654-1645				
	USA	MA	RITAL STATUS	NAME OF SPOUSE					
	PRACTICE LIMITED TO		TW CIS CIM CID						
	Surgery, Obstetrics, Genera	l Medicine							
	OTHER MEDICAL INTERESTS IN PRACTICE, RESEARCH, ETC.								
	PRACTICING WITH WHOM AND NATURE OF AFFILIATION								
ICAL DRMATION	ON SEPARATE SHEET, FURNISH DATE OF LAST FINSTITUTION WHERE PERFORMED, AND DATES A	HYSICAL EXAMINA ND CAUSES OF ALL	TION, SIGNIFICANT FIN . HOSPITALIZATIONS F	IDINGS, NAME O OR PAST FIVE Y	F PHYSICIAN AND/O EARS,				
EDICAL	COLLEGE OR UNIVERSITY		DEGREE	HONOF	15				
CATION	BYU		AB						
	Provo, Utah			DATE OF GRA	AUATION 143				
ICAL	MEDICAL SCHOOL	2	DEGREE	HONOR					
CATION	Univ of Utah Medical School	<u>/</u>	м.р.						
	SIT, Ut.			DATE OF GRA	DUATION				
RNSHIP	HOSPITAL	ADDRESS	**. ***	1947	DATES				
NIVOTIF	U.S. Marine		Island, NY 1000	bed	1948-49				
	TYPE OF INTERNSHIP		SPECIAL		1				
	Surgical rotating - 15 months PRACTITIONERS RESPONSIBLE FOR PERFORMANCE (CHIEF OF	STAFF, CHAIRMEN OF	DEPARTMENTS, OTHERS)						
ENCIES	FELLOWSHIPS, PRECEPTORSHIPS, TEACHING APPOINTMENTS CHAIRMEN OF DEPARTMENTS AND OTHER PRACTITIONERS RE	. POSTGRADUATE EDUC	ATION (CHRONOLOGICAL OR	DER: DATES, LOCAT	TIONS, CHIEFS OF STAFF				
	LUCATION	SPONSIBLE FOR PERFO	RMANCE)		DATES				
	Coffey Hosp., Portland, Oreg. S	urgery 12 mor	nths		1948-50				
	U.S. Public Health"Hosp, Baltim	WD		. •	DATES				
	LOCATION	Tre, MIT, SI	rgery 36 mon	ths	1950 - 53				
	LOCATION States	a Island, NY	Surgery 12 a	months	1953 - 54				
					DATES				
NUING	ON SEPARATE SHEET, LIST ALL POSTGRADUATE ACTIVITIES	WHICH YOU HAVE ATT	ENDED, OR FOR WHICH YO	HAVE RECEIVED	REDIT IN THE PAST TWO				
AL	neber nospicar, neber, c	J.C.			* = **				
ATION	FURNISH A LIST OF SCIENTIFIC PAPERS OR ESSAYS YOU HAVE WRITTEN, AND A LIST OF SCIENTIFIC MEETINGS YOU HAVE ATTENDED DURING PREVIOUS THREE YEARS (INCLUDE REPRINTS).								
ATIONS	Wasatch County Hospital				"1969-current				
1	LIST ALL PRESENT AND PREVIOUS MOSDITAL ASSISTANCES	D MEDICAL STAFF ME	MBERSHIPS. IN CHRONOLOGI						
1		VILEGES WERE EXERC	SED AND NATURE AND EXTE	NT OF SUCH PRIVIL	EGES.				
1	LDS Hospital Provo, Ut		CAPACITY		⁰ 1955				
	NAME AND LOCATION OF HOSPITAL		Surgery						
	Heber Hospital, Heber Utah		CAPACITY		DATES 1955-1969				
	Wasatch Co. Hospital		CAPACITY		DATES				
	HAME AND LOCATION OF HOSPITAL				1969-1981				
			CAPACITY		DATES				
TION	ON SEPARATE SHEET, GIVE NARRATIVE SUMMARY INCLUDING OFFICE, CLINIC, HOSPITAL AND MILIT	OF ALL PAST AND	PRESENT MEDICAL PI	RACTICE					
		ant,							
	ARE YOU A MEMBER OF THE Utah	COUNTY MEDICAL ASS	CIATIONT	X	YES				
	DO YOU HAVE AN APPLICATION PENDING?			<u> </u>	_				
	DO YOU INTEND TO APPLY?				YES NO				
	IF MEMBER PAST OR PRESENT OR APPLICANT TO OTHER COUNTY AMA 1974 CURRENT	TY, STATE OR NATION	AL SOCIETY, GIVE HAME						
	AMERICAN COLLEGE OF								
F -	Taught anatomy at Johns Hopkir	s Under Prof	essor Allan Gra	afflin l yr	1955				
1 1	AMERICAN COLLEGE OF		/		DATE				
1 h	MEMBER OF AMERICAN ACADYMY OF FAMILY PRACTICE?								
	, and the state of		res 🔲 No	1	DATE				
	FELLOWSHIP IN OTHER SPECIALTY COLLEGES		7/1						
8 Briggs	Corporation, Des Moines, Iowa 50306	1-1	1/7	()	DRINTED 4N 11 4 4				

•		BOARD	QUALIFIED (NAME OF BOA	RD)						
3		SPECIAL	LTY BOARD STATUS (NAME	F OF BOARD			_			DATE
			CERTIFIED, GIVE PRESEN			ARE YOU CERT	F1E0?	YES	□ NO	DAYE
LICENSING		MEDICAL	L LICENSE (NAME OF STA	TE AND COUNTY)		DATE	LICEN	SE NO.	REGIST	RATION NO.
		FEDERAL	NARCOTICS REGISTRATI	ON NUMBER		current	234	8 AC	4892926	6
		OTHER (NATURE OF LICENSE, COU	NTY AND STATE)				DATE		LICENSE NO.
MEDICAL	-	IF POSSI	PL C ANGLES		· · · · · · · · · · · · · · · · · · ·					
REFERENCES		LISTED U	BLE, INCLUDE TWO MEME INDER "AFFILIATIONS." P TH THE APPLICANT.	BERS OF	L BE EVALUATED	PRIMARILY BY T	PITAL MEDICAL HE EXTENT OF	STAFF, O' DIRECT CL	THER THAN T	HOSE WHO MIGHT E
		DOCTOR			ADDRESS					
		DOCTOR			ADDRESS					
		DOCTOR			ADDRESS					
		DOCTOR			ADDRESS					
LIABILITY		AMOUNT O	F COVERAGE	INSURANCE CARRIER					EXPIRATION	DATE
		POLICY NO	o.	AGENT					L	
		ON SEPARA	ATE SHEET, LIST ALL PR	EVIOUS INSURANCE CARE	RIERS, AMOUNT OF	F COVERAGE AND	DATES.			.
		HAVE JUDG	MENTS OR SETTLEMENTS GIVE DETAILS ON SEPAR	BEEN MADE AGAINST Y	OU IN PROFESSIO	NAL LIABILITY CA	SES, OR ARE 1	THERE ANY	PENDING?	
IF ANSWER TO) AI A.	NY OF TH	IE FOLLOWING QUES	TIONS IS "YES", P	LEASE GIVE F	ULL DETAILS (ON SEPARAT	E SHEET	OF PAPER	
			r license to practice u ever been refused	modicine in any ju	risaiction ever	been limited.	suspended (or revoke	ed?	Yes 💹 No
	v.	mas you	r request for any spe	cific clinical privil	spital medical ege ever been	staff? denied or gran	ted with			Yes 🔀 No
										Yes X No
1		,	ur privileges at any l narcotics registrati	on ever been suspei	nded or revoke	42		newed?		Yes X No
1	г•	mave you	ary action in any me	embership or renew	al thoront and	 Deen subject to	•			Yes 🔏 No
HEREBY	T									Yes 💹 No
APPLY TO THE HOSPITAL FOR			E ATTENDING STAFF IN 1							
APPOINTMENT	r		(SPECIFY)	STORED IN THE DEPARTS	MENT OF					
PRIVILEGES	T	MEDIC		OBSTETRICAL	(TZ)					
DESIRED	\perp	=	(SPECIFY)	LOBSTETRICAL	ANECOFO	GICAL X P	EDIATRIC	ORTH	OPEDIC	DENTAL
	Γ	SPECIA	AL PROCEDURES (SPECIFY	•1						
			LTY OR SUB-SPECIALTY		w1					
			190/1	(SPECIF						
	_	Requested	nnendscomm	Reguest	ommendedomm. Not Recomm.		Reques	sted mends	comm.	
DELINEATION.	H	++-	HEPATIC DISEASES	S		obstruction			ohysema	
MEDICAL	H	+=	Differential diagno Cirrhosis		Pancreating Malabsorp	tis		- wi	ith pulmona ith coma	ary insuffic.
PRIVILEGES DESIRED	H		with bleeding var with coma	ices	Cholecyst	itis		Puln	monary infa	enonton
'	世		decompensated Hepatitis		RENAL DI	SEASES		CAF	RDIAC DISE	EASES
	H		Differential diagno	sis of v	Nephritis	al diagnosis		Diff	erential di gestive he	agnosis
1	П			*	Pyeloneph Nephrosis			ac	ute ronic & int	
	Ц		GASTROINTESTINAL DISEASES		Acute insu	ufficiency		Cord	onary heart th angina	
			Differential diagnos Peptic ulcer	sis	dialysis	* C	FH-	wit	th infarction th coronary	
			bleeding perforated		PULMONA	RY DISEASES		Bact	terial endoc	carditis
			obstructed		Differentia Pneumonia	l diagnosis		Myo	diac arrythn cardial infa	
			Ulcerative colitis Regional ileitis		complica uncompli	ted		wit	th shock th serious a	
								wit	th cardiac a	arrest

•

١	Res	wested Recor	mender min	/	Requi	asted Recom	mended No. Recomm.	_	Reque	Recon	mended mended
ELINEATION	V		with congestive failure					1			
F	1/		recurrent	<u></u>			ARTHRITIS				BIOPSY PROCEDURES
EDICAL	1	\neg	Rheumatic fever	1		_	Differential diagnosis				Liver
RIVILEGES	7		Myocarditis	V,			Rheumatoid	_			Renal
ESIRED	V		Pericarditis	1-		-	Osteoarthritis	-	_		Pleural
ontinued)			Cardiac catheterization	1			Gouty	\vdash	 		Lung
			Cardioversion-medical	-		-	douty	├─	_		Pericardial
			Cardioversion-electrical					\vdash	\vdash	-	, creditate.
							HEMATOLOGICAL	1			ENDOSCOPY
		i	HYPERTENSION	1/			DISEASES				Esophagoscopy
		$\overline{}$	Differential diagnosis	V			Differential diagnosis	_	-		Gastroscopy
		+-	Essential, unresponsive	1/				\vdash	_		Peritoneoscopy
	1/		Malignant	0			Boute Will Eyer	-		\vdash	Proctoscopy &
	* /		Complicated				chronic	1	_	\vdash	Sigmoidoscopy
	V.	\neg	with cardiac insuffic.				Hemorrhagic diathesis	\vdash	_	-	Bronchoscopy
	V		with renal insufficiency	V			Primary anemia	-			Віспелозеору
1	7	\neg	Toxemia of pregnancy				•				ASPIRATION
			, and the programme,	1 1							PROCEDURES
			METABOLIC &				NEUROLOGICAL	-		-	Thoracentesis
			ENDOCRINE DISEASES	1			DISEASES	1	<u> </u>	\vdash	Paracentesis
j }	V	_	Differential diagnosis	4		1.	Differential diagnosis	15	_	$\vdash\vdash\vdash$	Joint aspiration
1	5		Diabetes Mellitus			14	Stroke	1		\vdash	Pericardiocentesis
	7		with acidosis	U/	I^{\vee}		acute	1		\dashv	Bone marrow
į į	Ŭ		with coma	11/			rehabilitation	<u> </u>			Solie Hellow
j }	.,		Thyroid conditions	N			Meningitis-Encephalitis				
j 1		1	with coma	V			Convulsive states	<u> </u>		\dashv	-
į l	1/		with thyrotoxic crists	V		V	Parkinsonism			$\vdash\vdash\vdash$	· ·
1	7 -	1	Parathyroid conditions	V			degenerative	\vdash	-	\vdash	
}	-	1	Pitujtary (conditions	2			demyelinating	\vdash	-		
1			Cushing's syndrome					<u> </u>		$\vdash\vdash$	
1	_		Addison's disease) l						\vdash	
	\dashv	\dashv	Pteochromocytoma	\sqcup		\square	MISCELLANEOUS	\vdash		-	
j h	-	_	Aldosteronism	Щ		\Box	Cancer chemotherapy	⊢		\vdash	
	-+-		Sex hormone abnormalities			Ш	(other than leukemia)				
1	_	-	ock nomicine abnormances				Thrombo phlebitis			-	
			COLLAGEN DISEASES				Acute peripheral embolism				
}	. /-		Differential diagnosis	\Box				\vdash			
1	4		Lupus erythematosus					<u> </u>		\Box	
		\dashv	Periarteritis nodosa	<u> </u>			ALLERGY	_		\Box	
	-	+	Thrombotic thrombocyto-	μ			Differential diagnosis	_			
1	1		penic purpura	·			Hay fever (desensitization)			\blacksquare	
1 h	5	-	Dermatomyositis	0			Urticaria	_			
1 1	7/ -	_	Scieredema	V			Serum sickness				
h	<u> </u>	_	Necrotizing Granuloma-	V			Asthma				
			tosis	ᄀ		ll	with desensitization			\vdash	
ELINEATION	\dashv	_									
F			EYE SURGERY	-		-	GENERAL SURGERY	\vdash		-	Paracentesis
URGICAL			Chalazion	1			Skin tumors	-			Closure perforated ulce
	_					М	Split thickness grafts	レ			Other gastric surgery
RIVILEGES	\dashv		Pterygium	0		$\vdash \vdash$	•	1		$\vdash\vdash$	-
ESIRED [Enucleation	1]	Wolff grafts				Ramstedt.
1			Corneal laceration	17			Pedicle grafts				Gall bladder & common
1 }	\dashv	\dashv		1		\vdash	Skin lacerations	-			duct surgery
			Cataract	-/-		-				\dashv	
[لــــــــــــــــــــــــــــــــــــــ	Squint	لـبـا			Extensive burns	~			Splenectomy
F			Dacryocystectomy	ĽŤ			Parotid gland surgery				Pancreatic surgery
F	\dashv	1		 		-		~		-	Small and large bowel
L	-+-	+	Glaucoma	 	_	—	Lip and tongue surgery	-			_
1			Retinal detachment	اينا			Rannula				surgery
			Plastic on lids	./			Epulis	,,			Appendectomy
F	\dashv	+		 			_•			\vdash	Abdomino-perineal rese
]				┝┯╃		—	Resection of jaw	H		\vdash	·
1							Thyroglossal ducts	1			Abdominal explorat. aft
1			EAR SURGERY	ıΤ			Branchial clefts	-			work-up
j 1		\dashv		\vdash							I & D of intra-abdomina
1 1		+	Mastoidectomy	1			Pharyngo-esoph. divertic.	ا ۔ . ا			
1 1				-			Thyroidectomy	V		$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	abscesses
				ल			Phrenic nerve	1			Traumatic laparotomy
] [NASAL CURCERY	1		\dashv		V		\vdash	
	+	+	NASAL SURGERY	لــُــا		\vdash	Breast biopsy	1		-	Simple inguinal hernia
	V		Polyps	1			Simple & radial	ا را			Strangulated or recurrer
į ľ			Septum	"		l	mastectomy	V		- 1	hernia
1 F	7	\dashv	· ·	┝─┤	-	\dashv		\vdash		-	
 	<u> </u>	4-4	Fractures				Thoracentesis & closed	<u> </u>			Ventral or femoral hern
							drainage	V			Pilonidal cyst
				J			Rib resect. for empyema	1		\Box	Hemorrhoids
1				ابحا	-		• • • • • • • • • • • • • • • • • • • •	٣٠			
1			THROAT SURGERY				Thorocoplasty	الكنا			Fistula in ano.
	V		Tonsils				Intrathoracic surgery	1,			Hand infections (major)
F	V I					\dashv	Surgery of diaphragm	#	-	_	Hand infections (minor)
	1	, .	Trachootomic	, ,							
	1	$\perp \! \! \perp \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$	Tracheotomy	\sqcup		\dashv	Surgery or drapmagm	\vdash \vdash	_		mana imections (minor)

,		aues Boues	ad nandedomn. commanda Racomn. NEUROLOGICAL SURGER		Reque	asled acon	mended Reconn.	/	8918	sted decom	nended of Recomm.
DELINEATION	~ §	2 8	NEUROLOGICAL SURGER		7	1	UROLOGICAL	\sim			Transurethral cysto. &
OF				'	╁╌	+	SURGERY				prostate surgery
SURGICAL			Skull fractures	-	+	-	Nephrectomy	_		\vdash	Hydrocele, spermatocele,
PRIVILEGES		_	Craniotomy	-	+	+-	Pyelotomy	/			varicocele
DESIRED	\vdash		Laminectomy	-	+-	+	Ureterotomy	17			Vasectomy
(continued)			Scaleniotomy		+-	\vdash	Cystostomy	1			Testicular surgery
		_	Lumbar Symp.	-	+	+	Suprapubic prostatic		_		Circumcision & meatotomy
		_	Thoraco-lumb. symp.	V	1	ł					Major surgery of penis
j		_	Intervertebral disks	-	+-	+-	resect.	-			Major surgery or perior
				1/	1	1	Other suprapubic bladder			\vdash	
:			VASCULAR SURGERY	-	+	-	surg.	\vdash		-	
	4		Vein ligat. & stripping	·	+	+	Cystectomy				
			Major vascular surgery	-			Cystoscopy & retrograde	<u> </u>		-	
			Arterial grafts		┿	-	pyelogram				
ELINEATION											
F			by								
YNE-	V		D & C - diagnostic				Radium insertion, cervix				Hystero salpingogram
OLOGICAL			1 & D — Bartholin duct		\perp		(Ernst)	V			Meckel's diverticulum
RIVILEGES	~		abscess				Radium insertion, uterus	V			Hymenectomy
	V		Bartholin duct cystectomy				(Heymans)	1			Wedge resection of ovaries
	V		Biopsy of vulva		T		Hysterectomy, radical,	V			Hydatid mole evacuation
	7		Biopsy of cervix			1	Wertheim				Salpingoplasty
			Conization of cervix -		\top		Exenteration, complete			П	Tubal implantation into
	i/		cold knife		\top		Exenteration, anterior				uterus
			Conization of cervix -		+		Exenteration, posterior	1/	/		Closure of vaginal fistula
1	v	1	hot knife	1	-	1	Salpingectomy				Evacuation of pelvic
	V	\neg	Perineotomy	V	+	 	Oophorectomy				abscesses
	U	\neg	Perineorraphy		+	\vdash	Hypogastric Aa. ligation	1			Evisceration repair
	J	\dashv	Repair of rectocoele	\vdash	+	\vdash	Appendectomy	_			Colpectomy
	J	\dashv	Repair of enterocoele	1/2	,+	\vdash	Hymenotomy	_			Pessary insertion
	V	-		1	} 	+	·				Plastic construction of
	-71	\dashv	Repair of cysto-urethrocoel		} -	+	Incompetent os surgery				vagina with skin graft for
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· .	$\overset{\sim}{}$	-	Excision of urethral carunc	*	+	┼	bladder, bowel	١.,		\vdash	Colpotomy - exploratory
	\dashv	\rightarrow	Vulvectomy - simple	\vdash	+	-	Ureteral repair	1	_	\vdash	Trachelectomy
		- 1	Vulvectomy - radical with		/-	\vdash	Ureteral transplant	4			Perineoplasty
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			groin dissection & hypo-	سا	+	-	Salpingostomy	<u> </u>		\vdash	from vagina & uterus
		-	gastric nodes	1	1—	-	Skin grafting	ŀ			
	_	_	Hysterectomy, vaginal	1.	1		Urethral caruncle—	<u> </u>			
	\rightarrow	_	Schauta Operation	10	₩	—	fulguration			\vdash	
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					Undisplaced				Fracture-dislocation of hip	/			Multiple
		1	- 1		Dislocation acromio- clavicular joint				Neck of femur	4	_	_	Displaced Undisplaced
		7			Dislocation of shoulder		_	-	Intertrochanteric	1	-	+	Avulsion fractures
		/			Anterior	1	-	_	Sub-trochanteric	1			Complicated
		/			Posterior	V.	_		Shaft Adults	7			Uncomplicated
					Fracture—dislocation of	0			Children	/	_	—	EPIPHYSEAL INJURIES
		/			shoulder Anatomical neck	,			Knee, distal femur and	4	-	├-	Displaced Undisplaced
				_	Impacted	/	_	_	proximal tibia	-	 	+-	, Ollarspiacea
	Į .	7			Displaced	V	-		Condylar fractures of femur				
		\overline{L}			Tuberosities	7	-	-	Patellar dislocations Patellar dislocation with				
		4			Separated				fracture		lacksquare	_	
		 		_	Unseparated Surgical neck	V			Patella fractures	-	╀	┼	
		 			Impacted	Y	-	├	Displaced	\vdash	+-	+	
		1/			Displaced	/_	-		Undisplaced Plateau fractures				1
		4			Shaft	-	_	\vdash	Tibial shaft				
					Displaced	1/			Displaced		_	╀	
	Ļ	-				F				1	+	1	
	EATION									L.			
OF	l.	-			REHABILITATION OF		\vdash		EXTRACTION OF TEETH	V			Severe lacerations
DENT		1			DENTAL ARCHES	\vdash	1		Single uncomplicated	\Box			Simple intra oral biopsy
	LEGES		-		Operative restorations	1		1	extractions	\Box			Benign tumors
DESIR	ED		_			\vdash	\vdash	 	Multiple uncomplicated	7			Malignant tumors
					Crown and bridge	1			· ·	7	1		Minor cysts
					preparation	⊢	-	-	extractions	17	1		Major extensive cysts
		1			Prosthetic replacement	1		1	Surgical removal of	1	+-	+	
					of teeth	<u></u>	-	 	impacted teeth	 -	+	+-	Minor infections
					Implantation of teeth		1	1	Surgical removal of	1	+-	+	Major infections
						L			embedded teeth	1	-	+-	Incision and drainage
		1			ORAL PROSTHESIS					14	1	_	Salivary gland surgery
					Oral prosthesis for				INTRA ORAL SURGERY				Salivary duct surgery
		\vdash	-	-	malformations of the face,	-	T	1	Root resections	1			Tongue surgery
				1		-	+	+			\top		
					jaws, and mouth	-	-	+-	Alveolectomy				Plastic repairs of cleft
			1	1					Alveoplasty				
					(a) congenital	<u> </u>	+	+	1 ' '	\vdash	+-	+	palate '
					(a) congenital (b) pathological		#		Torus palitnus		\perp		palate (a) congenital
					4	E			1 ' '				1 '
					(b) pathological				Torus palitnus				(a) congenital

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OF DE PR	LINEATION NTAL IVILEGES SIRED ntinued)			Ranula Caldwell-luc procedure for root tip removal from antrum EXTRA ORAL — ORAL SURGERY Minor infections Major infections Major lacerations Major extensive cysts Minor cysts				Lip surgery (a) congenital (b) pathological (c) traumatic Salivary gland surgery Benign tumors Malignant tumors Incision and drainage FRACTURES OF THE JAWS AND ASSOCIATED STRUCTURES Maxilla, closed reduction Maxilla, open reduction			Mandible, closed reduction Mandible, open reduction Zygoma, closed reduction Zygoma, open reduction
_									<u></u>		

I fully understand that any significant mis-statements in or omissions from this application constitute cause for denial of appointment or cause for summary dismissal from the medical staff. All information, submitted by me in this application is true to my best knowledge and belief.

In making this application for appointment to the medical staff of this hospital, I acknowledge that I have received and read the by-laws of the hospital and the by-laws, rules and regulations of the medical staff of this hospital, and that I am familiar with the principles and standards of the Joint Commission on Accreditation of Hospitals and the principles, standards and ethics of the national, state and local associations that apply to and govern my specialty and/or profession, and I agree to be bound by the terms thereof if I am granted membership or clinical privileges, and I further agree to be bound by the terms thereof without regard to whether or not I am granted membership or clinical privileges in all matters relating to the consideration of my application for appointment to the medical staff, and I further agree to abide by such hospital and staff rules and regulations as may be from time to time enacted.

By applying for appointment to the medical staff I hereby signify my willingness to appear for the interviews in regard to my application, authorize the hospital, its medical staff and their representatives to consult with administrators and members of medical staffs of other hospitals or institutions with which I have been associated and with others, including past and present malpractice carriers, who may have information bearing on my professional competence, character and ethical qualifications. I hereby further consent to the inspection by the hospital, its medical staff and its representatives of all records and documents, including medical records, at other hospitals, that may be material to an evaluation of my professional qualifications and competence to carry out the clinical privileges requested as well as my moral and ethical qualifications for staff membership. I hereby release from liability all representatives of the hospital and its medical staff for their acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications, and I hereby release from any liability any and all individuals and organizations who provide information to the hospital, or its medical staff, in good faith and without malice concerning my professional competence, ethics, character and other qualifications for staff appointment and clinical privileges, and I hereby consent to the release of such information.

I hereby further authorize and consent to the release of information by this hospital, or its medical staff, to other hospitals, medical associations and other interested persons on request regarding any information the hospital and the medical staff may have concerning me as long as such release of information is done in good faith and without malice, and I hereby release from liability this hospital and its staff for so doing.

I understand and agree that I, as an applicant for medical staff membership, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics and other qualifications and for resolving any doubts about such qualifications.